


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90042 049 ***150.00

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DOCUMENT # P92000014297			
1. Entity Name MSI OF CENTRAL FLORIDA, INC.			
Principal Place of Business 7703 TECHNOLOGY DRIVE SUITE 102 MELBOURNE, FL 32904 US		Mailing Address 7703 TECHNOLOGY DRIVE SUITE 102 MELBOURNE, FL 32904 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01062004		Chg-P CR2E034 (10/03)	
4. FEI Number 59-3161469		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMES, EDWARD A 7703 TECHNOLOGY DR., SUITE 102 MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Herbert R. Tate, Jr. Street Address (P.O. Box Number is Not Acceptable) 7703 Technology Dr. Suite 102 City Melbourne, FL Zip Code 32904	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Herbert R. Tate, Jr.</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-28-04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C-D KLINSPOIT, EDWARD J 7703 TECHNOLOGY DR., SUITE 102 MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HOLMES, EDWARD A 7703 TECHNOLOGY DR., SUITE 102 MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herbert R. Tate, Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7703 Technology Dr Suite 102 Melbourne, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Herbert R. Tate, Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Herbert R. Tate, Jr., President		1-28-04 (321) 725-0626 Date Daytime Phone #	